



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

School District Claim for  
State Reimbursement for  
Individual and Isolated Transportation

State ☐  
District ☐  
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County: <b>45 Sanders</b>			District: <b>0802 Plains Elem</b>		District Level: <b>Elementary</b>
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
1	1011	No	Lamb, Brenda	5.30	_____
1	1454	No	BROWN, MELISSA	0.35	_____
1	1455	No	JONES, SUSAN M	1.55	_____



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Date			Signature, Chair, Board of Trustees			
County: <b>45 Sanders</b>			District: <b>0803 Plains H S</b>		District Level: <b>High School</b>	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
1	2323	No	Fitzpatrick, Dean		1.50	



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Date			Signature, Chair, Board of Trustees		
County: <b>45 Sanders</b>			District: <b>0808 Paradise Elem</b>		District Level: <b>Elementary</b>
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
8	2283	No	Bolin, Gene'	2.60	_____
8	2284	No	Fitzpatrick, Rhonda	1.25	_____